

Bloomington Urban Enterprise Association Homeownership Zone Program



Showers City Hall, Room 130
401 N. Morton Street, P.O. Box 100
Bloomington, IN 47402
Phone: (812) 349-3805

Down-payment and closing costs application
*Maximum Fund Request is \$3000

Checklist

- ☐ Completed application, signature(s), and dated
- ☐ Copy of Offer to Purchase Property
- ☐ Authority to Verify Credit Information signature(s), social security number, and dated
- ☐ Verification of Employment for each applicant, signature(s), social security number, Part I and Part II
- ☐ Verification of Deposits, signature(s), social security number, Part I and Part II
- ☐ Tax forms from past year, both Federal and State taxes, with all attachments
- ☐ Last two check stubs for each applicant
- ☐ Home Buyer Education Certificate

Application Date: _____

Applicant's Name: _____

Spouse's Name: _____

Current address: _____

How long at this address: _____

If less than three (3) years, previous address: _____

Telephone: (H) _____ (W) _____

Name and address of employer: _____

No. of years employed at this job: _____

If less than one (1) year, previous employer: _____

Spouse's name and address of employer: _____

No. of years employed at this job: _____

If less than one (1) year, previous employer: _____

Property Information:

Property address: _____

Purchase Price: _____

Realtor Name: _____

No. of Bedrooms: _____

1st mortgage holder: _____

Amount _____

Household Composition: (Please list all residents of your home)

Full Name	Relationship	Age	Race	Social Security #
	Applicant			
	Co-Applicant			

Monthly Income:

Source	Applicant	Co-Applicant	Other members over 18	Total
Gross Salary				
Overtime pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest/Dividends				
Social Security				
Pensions/Retirement				
Alimony/Child Support				
Other (list source)				
Other (list source)				
Total				

Assets:

Type	Cash Value	Income from Assets	Bank Name	Account #
Checking Account				
Checking Account				
Savings Account				
Savings Account				
Credit Union Account				
Stocks/IRA				
U.S. Savings Bonds				
Other (list source)				

Liabilities:

Please list outstanding obligations including auto loans, credit cards, charge accounts, personal loans, and all other debts.

Creditor Name & Address	Type	Monthly payment	Unpaid balance
	Monthly child support		
Total			

Housing Information:

Current monthly rent payment \$ _____

Does this include utilities? ☐ Yes ☐ No

If so, which ones: _____

Request amount:

Down-payment assistance requested \$ _____

Closing cost assistance \$ _____

Total request \$ _____

Is any other assistance/subsidy being requested or have you received any other assistance/subsidy? ☐ yes ☐ no

If yes: From whom have you received or requested the funds from and the amount.

The information provided is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant

Date

Applicant

Date